

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4			1			
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
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42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	25					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS